Image# 14951709275 PAGE 1 / 18

### **FEC** FORM 3X

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00326439  3. IS THIS REPORT  (N) OR   AMENDED  (A)  4. TYPE OF REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (Q3)  January 31 Year-End Report (YE)  July 31 Mid-Year Report (Part Only) (MY)  Termination Report (TER)  Election on   Septimal (A)  Election on   Septimal (A)  STATE   ZIP CODE   AMENDED  (A)  AMENDED  (A)  AMENDED  (A)  AMENDED  (A)  Aug 20 (M8) Nov 20 (M1)  Poet (M9) Dec 20 (M1)  Nov 20 (M1)  Poet (M9) Dec 20 (M1)  Poet (M1) Jul 20 (M7) Qct 20 (M10)  PRE-Election Report (12P)  General (12C) Special (12S)  Election on  STATE   ZIP CODE   AMENDED  (A)  AMENDED  (A)  Poet (M9) Peb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1)  Poet (M9) Dec 20 (M1)  Poet (M1) Jul 20 (M7) Qct 20 (M10)  Jan 31 (YEP)  PRE-Election Report (12P)  General (12C) Special (12S)  Election on  STATE   ZIP CODE   AMENDED  (A)  AMENDED  (A)  AMENDED  (A)  Poet (M9) Peb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M1)  Poet (M9) Dec 20 (M1)  Primary (12P) General (12G) Runoff (12R)  PRE-Election (12C) Special (12S)  Election on STATE   STATE   ZIP CODE   AMENDED  (A)  AMENDED  (A)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Nov 20 (M1)  Poet (M9) Peb 20 (M1)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Poet (M9) Peb 20 (M1)  Aug 20 (M8) Peb 20 (M1)  Aug 20 (M9) Peb 20 (M1)  Aug 20 (M	TOTAL OX	or Other Than An Aut	thorized Committe	9	Office Use Only
ADDRESS (number and street)  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00326439  ALEXANDER  AMENDED  (A)  AMENDED	1. 147 (WIE OI	ΓΥΡΕ OR PRINT ▼		g, type 12FE4M5	
Alexandria  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00326439  3. IS THIS REPORT (N) OR AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (VE) July 31 Mid-Year Report (Part (A)) Report (Non-election Year Only) (MY) Report (N) Report (Non-election Year (N) Report (N)	HOUSE CONSERVATI	VES FUND			
Alexandria  Check if different than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C00326439  3. IS THIS REPORT (N) OR AMENDED (A)  4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (VE) July 31 Mid-Year Report (Part (A)) Report (Non-election Year Only) (MY) Report (N) Report (Non-election Year (N) Report (N)					1
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00326439  3. IS THIS REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Conly)  Termination Report (TER)  (d) 30-Day POST-Election   General (30G)   Runoff (30R)   Special (30S) Report for the:  Election on   State of   State of   State of    Coerlify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Lisa Lisker	ADDRESS (number and street)	228 S. Washington St., Ste	. 115		
than previously reported. (ACC)  2. FEC IDENTIFICATION NUMBER   C C C00326439  3. IS THIS REPORT  (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Conly)  Termination Report (TER)  (d) 30-Day POST-Election   General (30G)   Runoff (30R)   Special (30S) Report for the:  Election on   State of   State of   State of    Coerlify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Lisa Lisker	Chock if different				
3. IS THIS REPORT	than previously	Alexandria		VA	22314
4. TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Q1)  July 15 Quarterly Report (Q2)  October 15 Quarterly Report (Q3)  January 31 Year-End Report (Non-election Year Only) (MY)  Termination Report (TER)  Termination Report (TER)  Mar 20 (M2)  Report Peb 20 (M2)  May 20 (M5)  May 20 (M5)  May 20 (M6)  Aug 20 (M8)  May 20 (M6)  Sep 20 (M9)  Dec 20 (M1)  April 15 Quarterly Report (Q1)  April 15 Quarterly Report (Q2)  PRE-Election Report for the:  Convention (12C)  Special (12S)  Covering Period  Mar 20 (M3)  July 20 (M7)  April 15 Quarterly Report (Q2)  PRE-Election Report for the:  Convention (12C)  Special (12S)  Covering Period  Mar 20 (M4)  Jul 20 (M7)  April 15 Quarterly Report (Q3)  Report for the:  Convention (12C)  Special (12S)  Special (30S)  Runoff (30R)  Special (30S)  Runoff (30R)  Special (30S)  Report for the:  Election on  Report for the:  Election on  Elec	2. FEC IDENTIFICATION NU	MBER ▼ CI	TY▲	STATE ▲	ZIP CODE ▲
(Choose One)  Report Due On:  Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M10)  Dec 20 (M11)  Non-Election Year Only)  July 15  Quarterly Report (Q2)  October 15  Quarterly Report (YE)  July 31 Mid-Year Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Report (Non-election Report (One-election Year Only) (MY)  Termination Report (TER)  Termination Report  Termination Report  (Id)  30-Day  POST-Election  Report for the:  Election on  General (30G)  Runoff (30R)  Special (30S)  Report for the:  Election on  Special (30S)  Report for the:  Election on  Election on  Report for the:  Election on  Termination Report  Termin	C C00326439				
(a) Quarterly Reports:  April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Apr 20 (M4) Jul 20 (M7)  Primary (12P) General (12G) Runoff (12R)  PRE-Election Report for the: Convention (12C) Special (12S)  (d) 30-Day POST-Election Report for the:  Election on Felection Report (30R) Runoff (30R) Special (30S) Runoff (30R) Special (30S)  Covering Period  Only Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		Report Due On:			Year Only)  Dec 20 (M12)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER)  Termination (TER)  T	(a) Quarterly Reports:				(Non-Election Year Only)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (Non-election Year Only) (MY) Termination Report (TER)  Termination Report (TER)  Special (12G)  Firmary (12P)  General (12G)  Report (12H)  PRE-Election Report for the:  Convention (12C)  Special (12S)  Firmary (12P)  General (12G)  Hunoff (12H)  Report for the:  Special (12S)  Firmary (12P)  General (12G)  Report (12H)  Firmary (12P)  General (12G)  Funding (12H)  Funding (12H)  Firmary (12P)  General (12G)  Funding (12H)  Firmary (12P)  General (12G)  Funding (12H)  Funding (12H)  Firmary (12P)  General (12G)  Funding (12H)  Firmary (12P)  General (12G)  Funding (12H)  Funding (12H)  Funding (12H)  Funding (12H)  Firmary (12P)  Firmary (12P)  General (12G)  Funding (12H)  Funding (12H)  Firmary (12P)  Fir			· 20 (M4) Ju	II 20 (M7) X Oct	
October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER)  October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) General (30G) Runoff (30R) Special (30S) Report for the:  In the State of  State of  In the State of  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Lisa Lisker	July 15	(C) 12-Day	Primary (12P)	General	(12G) Runoff (12R)
January 31 Year-End Report (YE)  July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)  Description on the State of Termination Report (TER)  Election on Telection General (30G)  Report for the:  Election on Telection General (30G)  Repor	October 15	Report for the:	Convention (1	2C) Special (	12S)
Report (Non-election Year Only) (MY)  Termination Report (TER)  POST-Election Report for the:  Election on  Special (30G)  Runoff (30R)  Special (30S)  Figure 1  In the State of 1  State of 1  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Lisa Lisker	January 31	Florid		D D / Y Y Y Y Y	
Election on  Election on  Election on  Election on  Election on  State of  Type or Print Name of Treasurer  Lisa Lisker	Report (Non-election	POST-Election	General (30G)	Runoff (3	Special (30S)
5. Covering Period 09 01 2014 through 09 30 2014  I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  Type or Print Name of Treasurer  Lisa Lisker		Election	on on	D = D / Y = Y = Y	
Type or Print Name of Treasurer Lisa Lisker					
M M / D D / Y Y Y Y	I certify that I have examined this	s Report and to the best of	f my knowledge and be	elief it is true, correct and	d complete.
	Type or Print Name of Treasurer	Lisa Lisker			
	Signature of Treasurer Lisa L	isker	[Electronically		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.	NOTE: Submission of false, errone	ous, or incomplete informatic	on may subject the perso	on signing this Report to the	ne penalties of 2 U.S.C. §437g.
Office Use Only	Use				

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### HOUSE CONSERVATIVES FUND

01 2014 09 30 2014 Report Covering the Period: 09 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 178032.26 January 1, 2014 (b) Cash on Hand at 118828.01 Beginning of Reporting Period..... 371518.76 29060.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 147888.01 549551.02 6(a) and 6(c) for Column B)..... 74481.31 476144.32 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 73406.70 73406.70 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### HOUSE CONSERVATIVES FUND

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	7075.00	76142.00
(i) Itemized (use Schedule A)	7375.00	76143.00
(ii) Unitemized(iii) TOTAL (add	685.00	76865.88
Lines 11(a)(i) and (ii)	8060.00	153008.88
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	21000.00	218500.00
(such as PACs)	21000.00	216300.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry	29060.00	371508.88
Totals to Line 33, page 5)	2300.00	7 7 7
Party Committees	0.00	0.00
,		7 7
. All Loans Received	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	9.88
. Transfers from Non-Federal and Levin Funds	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
() T. I. T. ( ( ( II. 49( ) ) I. 49( ) )	0.00	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
T		
. Total Receipts (add Lines 11(d),	20060 00	271510 75
12, 13, 14, 15, 16, 17, and 18(c))▶	29060.00	371518.76
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	29060.00	371518.76

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calonida Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating  Expenditures	5481.31	244144.32
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	5481.31	244144.32
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	69000.00	227000.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	0.00	500000
(add Lines 28(a), (b), and (c))▶	0.00	5000.00
. Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20))  (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	74481.31	476144.32
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	74481.31	476144.32

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page **5** 

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	29060.00	371508.88
4. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29060.00	366508.88
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5481.31	244144.32
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	5481.31	244144.32

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR I	PAGE		6	OF	18			
(check only one)								
X 1	I1a	11b		11c		12		
1	13	14		15		16		17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUL	ND	
Α.	Full Name (Last, First, Middle Initial) Julie Hershey Carr Mailing Address 1735 Fairview Ave.		Date of Receipt
	City	State Zip Code	09 30 2014 Transaction ID : SA11AI.80579
	McLean	VA 22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1250.00
	Name of Employer	Occupation	
	Kountoupes Consulting LLC	Consulting	
	Receipt For: Primary General	Aggregate Year-to-Date ▼	
	Other (specify) ▼	1250.00	
В.	Full Name (Last, First, Middle Initial)  John P. Creasman		Date of Receipt
	Mailing Address 1130 N. Loma Vista Dr.		09 24 2014
	City	State Zip Code	Transaction ID : SA11AI.80656
	Mesa	AZ 85213	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1000.00
	Name of Employer Retired	Occupation Retired	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1000.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Donald Eichstaedt		Date of Receipt
	Mailing Address 18222 Redwood Ave.		09 24 _ 2014 _
	City Lathrup Village	State Zip Code MI 48076	Transaction ID : SA11AI.80662
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	
	retired	retired	
	Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
	Other (specify)	300.00	
S	SUBTOTAL of Receipts This Page (optional)		2350.00
	OTAL This Period (last page this line number of	<u>·</u> _	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:					PAGE		7	OF	18
(check only one)									
X	11a	1	11b		11c		12		
-	13	1	14		15		16		17

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FU	JND	
Full Name (Last, First, Middle Initial)  Carol Martin		Date of Receipt
Mailing Address PO Box 1291		09 23 2014
City	State Zip Code	Transaction ID : SA11AI.80652
Tarpon Springs	FL 34688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2000.00
Name of Employer	Occupation	
Ellis & Co	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	2000.00	
Full Name (Last, First, Middle Initial)  3. James E. Mullen		Date of Receipt
Mailing Address 23242 Tasmania Circle		09 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.80640
Dana Point	CA 92629	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer	Occupation	
none	Retired	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  225.00	
Full Name (Last, First, Middle Initial)  Ceorge Rogers		Date of Receipt
Mailing Address 3738 Jason ave.		09 08 2014
City Alexandria	State Zip Code VA 22302	Transaction ID : SA11AI.80644  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1250.00
Name of Employer	Occupation	
Wexler Walker	Consultant	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1250.00	
SUBTOTAL of Receipts This Page (optional)	•	3275.00
TOTAL This Period (last page this line numbe	<u> </u>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOI	PAGE	=	8	OF	18				
(check only one)									
×	11a		11b		11c		12	2	
	13		14		15		16	6	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUI	ND	
Α.	Full Name (Last, First, Middle Initial) Randall J. Tate		Date of Receipt
	Mailing Address 12508 Lawyers Rd.		09 08 7 2014
	City	State Zip Code VA 20171	Transaction ID : SA11AI.80636
	Oak Hill	VA 20171	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1250.00
	Name of Employer	Occupation	
	Tate Strategies Inc.	Principal	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General  Other (specify) ▼	1250.00	
В.	Full Name (Last, First, Middle Initial) Robb Watters		Date of Receipt
	Mailing Address 627 Philip Digges Dr.		09 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State Zip Code	Transaction ID : SA11AI.80648
	Great Falls	VA 22066	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer	Occupation	
	The Madison Group	Managing Partner	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼	500.00	
	Full Name (Last, First, Middle Initial)		D. 10
C.	Matter a Address		Date of Receipt
	Mailing Address		M = M / D = D / Y = Y = Y
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	
	Name of Employer	Occupation	
	Receipt For:	Aggregate Year-to-Date ▼	
	Primary General		
	Other (specify) ▼		
9	IIPTOTAL of December This December (autions)		1750.00
3	UBTOTAL of Receipts This Page (optional)		
Т	OTAL This Period (last page this line number of	only)	7375.00

### S П

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 OF 18 (check only one)  11a 11b X 11c 12 13 14 15 16 17  Deterson for the purpose of soliciting contributions
or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  HOUSE CONSERVATIVES F	the name and a		
Full Name (Last, First, Middle Initial) GOOD FUND, THE  Mailing Address PO BOX 3404  City ALEXANDRIA  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	Occupation	Zip Code 22302 0409185 1 Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial)  B. METLIFE INC. EMPLOYEES' PO  Mailing Address 1095 AVENUE OF THE AM  City  NEW YORK  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State NY  C CO  Occupation	Zip Code 10036 0040923	Date of Receipt  09 08 2014  Transaction ID : SA11C.80638  Amount of Each Receipt this Period  2500.00
Full Name (Last, First, Middle Initial) PRICEWATERHOUSECOOPERS  Mailing Address 1301 K Street, NW Suite 800W  City Washington  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State DC C0	Zip Code 20005 0107235	Date of Receipt  18 2014  Transaction ID: SA11C.80577  Amount of Each Receipt this Period  5000.00
SUBTOTAL of Receipts This Page (optional)			10000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS  Any information copied from such Reports and Statement	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 18 (check only one)  11a 11b X 11c 12 13 14 15 16 17
or for commercial purposes, other than using the name a  NAME OF COMMITTEE (In Full)  HOUSE CONSERVATIVES FUND		
Full Name (Last, First, Middle Initial) PROPERTY CASUALTY INSURERS ASSOCIATION Mailing Address 2600 South River Road  City State Des Plaines IL  FEC ID number of contributing federal political committee.  Name of Employer Occup  Receipt For: Primary General Other (specify)  Aggre	Zip Code 60018	Date of Receipt  9 29 2014  Transaction ID: SA11C.80578  Amount of Each Receipt this Period  2500.00
Full Name (Last, First, Middle Initial) PROSPERITY ACTION INC.  Mailing Address 1006 PENDLETON STREET  City State ALEXANDRIA VA  FEC ID number of contributing federal political committee.  Name of Employer Occup  Receipt For: Primary General Other (specify)   Aggre	22314 C00377689	Date of Receipt  09 30 2014  Transaction ID : SA11C.80582  Amount of Each Receipt this Period  5000.00
Full Name (Last, First, Middle Initial)  ROTHFUS FOR CONGRESS  Mailing Address PO BOX 435  City SEWICKLEY PA  FEC ID number of contributing federal political committee.  Name of Employer Occup  Receipt For: Primary General Other (specify)   Aggre	15143 C00497115	Date of Receipt  09 30 2014  Transaction ID: SA11C.80580  Amount of Each Receipt this Period  2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

10000.00

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

		FOR LINE NUMBER: PAGE 11 OF 18							18			
Use separate schedule(s)	(0	(check only one)										
for each category of the Detailed Summary Page			11a		11b	X	11c		12			
zotanou cummary rago			13		14		15		16		17	
not be sold or used by any person for the purpose of soliciting contributions dress of any political committee to solicit contributions from such committee.												

Any information copied from such Reports and Statements may

or for commercial purposes, other than using	g the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES	FUND	
Full Name (Last, First, Middle Initial)  WAL-MART STORES INC. PAC F  Mailing Address 702 S.W. 8th Street  City	FOR RESPONSIBLE GOVERNMENT  State Zip Code	Date of Receipt  09 30 2014  Transaction ID : SA11C.80581
Bentonville  FEC ID number of contributing federal political committee.  Name of Employer	AR 72716  C C00093054  Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	
Full Name (Last, First, Middle Initial)  Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code  C  Occupation	Amount of Each Receipt this Period
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)  Mailing Address  City	State Zip Code	Date of Receipt  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation	Allouit of Each receipt this Ferious
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional	ı) <b>&gt;</b>	1000.00
TOTAL This Period (last page this line num	aber only)	21000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 12 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b	22	23 24 25 26 28b 28c 29 30b
F			28a	
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
│ HOUSE CONSERVATIVES FUND				
Full Name (Last, First, Middle Initial)				
A. Huckaby Davis Lisker Inc.			Date of Dis	sbursement / Y Y Y Y Y Y
Mailing Address 228 S. Washington St., Ste. 115			09	17 2014
City	State Zip Code		Transacti	ion ID : SB21B.80628
Alexandria	VA 22314		Halisact	1011 ID . 3B2 1B.00020
Purpose of Disbursement Compliance Consulting			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		4725.03
Office Sought: House Disburser	nent For:	71		,
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Dis	sbursement
B. Squire Patton Boggs				
Mailing Address 2550 M Street, NW			09	17 2014
•	State Zip Code		Transact	ion ID : SB21B.80627
Washington Purpose of Disbursement	DC 20037			
Legal Fees			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		590.00
Office Sought: House Disburser	nent For:	7.		
Senate	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)  C.			Date of Dis	sbursement
0.			Man Man	
Mailing Address			N	7 7 7 7 7 7
City	State Zip Code			
Purpose of Disbursement				
			Amount of	Each Disbursement this Period
Candidate Name		Category/ Type		
Office Sought: House Disburser	nent For:			
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				5315.03
TOTAL This Period (last page this line number only)		·····		5315.03

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 13 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
HOUSE CONSERVATIVES FUNI	)		
/ Full Name (Last, First, Middle Initial)			
A. ANDY TOBIN FOR CONGRESS			Date of Disbursement
AND TOBIN FOR CONGRESS			M M / D D / Y Y Y Y
Mailing Address 2532 NORTH 4TH STREET #528	3		09 15 2014
City	State Zip Code		
FLAGSTAFF	AZ 86004		Transaction ID : SB23.80591
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
ANDY TOBIN		Туре	3000.00
	ement For: 2014		
Senate President	Primary		
State: AZ District: 01	Other (specify)		
Full Name (Last, First, Middle Initial)			
B. CARLOS CURBELO CONGRES	3		Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 8770 SUNSET DRIVE #355			09 15 2014
0.1	State Zip Code		
	State Zip Code		
City			Transaction ID : SB23.80603
MIAMI Purpose of Disbursement	FL 33173		Transaction ID : SB23.80603
MIAMI		011	Transaction ID: SB23.80603  Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution Candidate Name CARLOS CURBELO	FL 33173		
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Disburse	FL 33173  ement For: 2014	Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  CARLOS CURBELO  Office Sought:  House Senate  Disburse	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  CARLOS CURBELO  Office Sought:  House Senate President  Miaminus  Disburse Senate	FL 33173  ement For: 2014	Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  CARLOS CURBELO  Office Sought:  House Senate President  State: FL District: 26	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name  CARLOS CURBELO  Office Sought:  House Senate President  Miaminus  Disburse Senate	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period 5000.00
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877	FL 33173  ement For: 2014  Primary	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA	FL 33173  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement	FL 33173  ement For: 2014  Primary	Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution	FL 33173  ement For: 2014  Primary	Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name	FL 33173  ement For: 2014  Primary	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105	Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:  House Disburse	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  Ement For: 2014	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought: House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  ement For: 2014 Primary General	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:  House Senate  Disburse Senate	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  Ement For: 2014	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:  House Senate President  Disburse Senate President	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  ement For: 2014 Primary General	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:  House Senate President  Disburse Senate President	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  ement For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
MIAMI Purpose of Disbursement Contribution  Candidate Name CARLOS CURBELO  Office Sought:  House Senate President State: FL District: 26  Full Name (Last, First, Middle Initial)  C. FRIENDS OF FRANK GUINTA  Mailing Address P.O. Box 877  City Manchester Purpose of Disbursement Contribution  Candidate Name FRANK GUINTA  Office Sought:  House Senate President State: NH District: 01	ement For: 2014 Primary General Other (specify)   State Zip Code NH 03105  ement For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M O O O O O O O O O O O O O O O O O

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 14 OF 18
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
HOUSE CONSERVATIVES FUN	D		
/ Full Name (Last, First, Middle Initial)			
A. FRIENDS OF MIA LOVE			Date of Disbursement
THENDO OF WINCEOVE			M M / D D / Y Y Y Y
Mailing Address 913 WEST GROUSE CIRCLE			09 15 2014
City	State Zip Code		
SARATOGA SPRINGS	UT 84045		Transaction ID: SB23.80607
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name MIA LOVE		Category/	5000.00
_	ement For: 2014	Туре	7
Senate	Primary Seneral		
President	Other (specify) ▼		
State: UT District: 04	_		
Full Name (Last, First, Middle Initial)			D (D)
B. FRIENDS OF NAN HAYWORTH			Date of Disbursement
Mailing Address P.O. BOX 511			09 15 2014
011	State Zip Code		
City			Transaction ID : SB23.80612
CHESTER	NY 10918		Transaction ID : SB23.80612
-		011	Transaction ID : SB23.80612  Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution Candidate Name			Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution Candidate Name NAN HAYWORTH	NY 10918	011 Category/ Type	
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought: House Disburs	NY 10918  ement For: 2014	Category/	Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:    House   Disburs	ement For: 2014 Primary General	Category/	Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought: House Disburs	NY 10918  ement For: 2014	Category/	Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:    House   Disbursement   Senate   President	ement For: 2014 Primary General	Category/	Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought: House Senate President  State: NY District: 18	NY 10918  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:  Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS	NY 10918  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:  House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY	NY 10918  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:  Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS	NY 10918  ement For: 2014  Primary General	Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:  House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE	ement For: 2014 Primary General Other (specify)	Category/	Amount of Each Disbursement this Period 5000.00  Date of Disbursement
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City	ement For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name  NAN HAYWORTH  Office Sought:  House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement	ement For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution	ement For: 2014 Primary General Other (specify)   State Zip Code	Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought:  Senate President President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought:  House Disburs	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought: House Senate	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337  ement For: 2014 Primary General	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought: House Senate President	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought: House Senate	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337  ement For: 2014 Primary General	Category/ Type  011 Category/	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought: House Senate President State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought: House Senate President	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337  ement For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
CHESTER Purpose of Disbursement Contribution  Candidate Name NAN HAYWORTH  Office Sought:  State: NY District: 18  Full Name (Last, First, Middle Initial)  C. KLINE FOR CONGRESS  Mailing Address 350 W BURNSVILLE PKWY STE 375  City BURNSVILLE Purpose of Disbursement Contribution  Candidate Name JOHN PAUL JR KLINE  Office Sought:  House Senate President State: MN District: 02	ement For: 2014 Primary General Other (specify)   State Zip Code MN 55337  ement For: 2014 Primary General Other (specify)   Other (specify)	Category/ Type  011  Category/ Type	Amount of Each Disbursement this Period  5000.00  Date of Disbursement  M M / D D / Y Y Y Y Y  09 15 2014  Transaction ID: SB23.80622  Amount of Each Disbursement this Period  5000.00

SCHEDULE B (FEC Form 3X)	Llos concrete cole adula (c)	FOR LINE N	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 28 28c 29
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
HOUSE CONSERVATIVES FUND			
Full Name (Last, First, Middle Initial)  A. MCSALLY FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 19128			09 15 2014
TUCSON	State Zip Code AZ 85731		Transaction ID : SB23.80620
Purpose of Disbursement Contribution Candidate Name	[	011	Amount of Each Disbursement this Period
MARTHA E MCSALLY	nent For: 2014	Category/ Type	5000.00
Senate	Primary ☐ General Other (specify) ▼		
Full Name (Last, First, Middle Initial)  RENEE ELLMERS FOR CONGRE  Mailing Address P.O. Box 904	SS COMMITTEE		Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code		Transaction ID : SB23.80621
Dunn Purpose of Disbursement Contribution	NC 28335	011	Amount of Each Disbursement this Perior
Candidate Name RENEE JACISIN ELLMERS		Category/ Type	2500.00
Senate	nent For: 2014 Primary		
Full Name (Last, First, Middle Initial)  RYAN COSTELLO FOR CONGRE	SS		Date of Disbursement
Mailing Address PO BOX 3154			09 15 2014
•	State Zip Code PA 19381		Transaction ID : SB23.80599
Contribution  Candidate Name	[	011 Category/	Amount of Each Disbursement this Period
Senate	nent For: 2014 Primary General Other (specify)	Type	5000.00
SUBTOTAL of Disbursements This Page (optional)			12500.00
TOTAL This Period (last page this line number only).			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 16 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	) (check only	one)
<del>-</del>	Detailed Summary Page	21b	22 🗙 23 24 25 26
		27	28a 28b 28c 29 30b
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)	Thattie and address of any point	icai committee to	solicit contributions from such committee.
HOUSE CONSERVATIVES FU	ND		
/ HOUSE CONSERVATIVES FU	עאו		
Full Name (Last, First, Middle Initial)			
A. SENGER FOR CONGRESS			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address PO BOX 4883			09 15 2014
City	State Zip Code		
NAPERVILLE	IL 60567		Transaction ID : SB23.80608
Purpose of Disbursement			
Contribution		011	Amount of Each Disbursement this Period
Candidate Name  DARLENE SENGER		Category/	5000.00
	irsement For: 2014	Туре	7
Senate	Primary General		
President	Other (specify) ▼		
State: IL District: 11			
Full Name (Last, First, Middle Initial)			
B. STRICKLAND FOR CONGRES	S 2012		Date of Disbursement
Mailing Address 200 F ALTON AVE OTT II			M M / D D / Y Y Y Y Y
Mailing Address 603 E ALTON AVE STE H			09 26 2014
City	State Zip Code		Transaction ID - CD22 00C20
SANTA ANA	CA 92705		Transaction ID : SB23.80630
Purpose of Disbursement Contribution			Amount of Fook Diskumpersont this Deviced
Candidate Name			Amount of Each Disbursement this Period
ANTHONY A STRICKLAND		Category/ Type	5000.00
	rsement For: 2014	.,,,,,	
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 26			
Full Name (Last, First, Middle Initial)			Date of Disbursement
c. WALTERS FOR CONGRESS			
Mailing Address C/O 8001 IRVINE CENTER D	RIVE. #400		09 15 2014
	=,		
City	State Zip Code		Transaction ID : SB23.80616
IRVINE Purpose of Disbursement	CA 92618		
Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each disbursement this Period
MIMI WALTERS		Category/ Type	5000.00
Office Sought: House Disb	irsement For: 2014	·	
Senate	Primary General		
President	Other (specify)		
State: CA District: 45			
SUBTOTAL of Disbursements This Page (option	al)		15000.00
ODDITIE OF DISDUISEMENTS THIS LAYE (OPHO)	ω,	<u> </u>	
TOTAL This Period (last page this line number	only)		

SCHEDULE B (FEC Form 3X)		, FOR LINE I	NUMBER: PAGE 17 OF 18
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(oricon oriny	,
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
HOUSE CONSERVATIVES FUND			
Full Name (Last, First, Middle Initial)			B (B: L
A. WENDYROGERS.ORG			Date of Disbursement
Mailing Address 3030 S RURAL RD SUITE 120			09 15 2014
Maining Address 3030 S NONAL NO SOTTE 120			03 13 2014
City	State Zip Code		Transaction ID - CD02 00505
TEMPE	AZ 85282		Transaction ID : SB23.80595
Purpose of Disbursement Contribution		011	Associated Foods District and this Deviced
Candidate Name			Amount of Each Disbursement this Period
WENDY ROGERS		Category/ Type	2500.00
	ment For: 2014	Турс	, , , , , , , , , , , , , , , , , , , ,
Senate	Primary Seneral		
President	Other (specify) ▼		
State: AZ District: 09			
Full Name (Last, First, Middle Initial)			B (B: L
B. WESTROM FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 210			09 26 2014
maining year oos TO BOX 210			20,1
City	State Zip Code		Transaction ID : SB23.80629
ELBOW LAKE	MN 56531		11d115d5t16111B : 5B25.55025
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Disbursement this Feriod
TORREY WESTROM		Category/ Type	5000.00
Office Sought:   House   Disburser	ment For: 2014	, ,,	
Senate	Primary		
President	Other (specify) ▼		
	·		
State: MN District: 07			
Full Name (Last, First, Middle Initial)			Date of Dishursement
**			Date of Disbursement
Full Name (Last, First, Middle Initial)			Date of Disbursement  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS			M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City	State Zip Code		M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA			09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City	State Zip Code	011	09 15 2014  Transaction ID : SB23.80605
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement	State Zip Code		09 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City  HELENA  Purpose of Disbursement Contribution	State Zip Code	011 Category/ Type	09 15 2014  Transaction ID : SB23.80605
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought: House Disburser	State Zip Code MT 59624	Category/	Transaction ID : SB23.80605  Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought:  House Senate  Disburser	State Zip Code MT 59624  ment For: 2014 Primary Ageneral	Category/	Transaction ID : SB23.80605  Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought:  House Senate President  Disburser	State Zip Code MT 59624	Category/	Transaction ID : SB23.80605  Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought:  House Senate  Disburser	State Zip Code MT 59624  ment For: 2014 Primary Ageneral	Category/	Transaction ID : SB23.80605  Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought:  House Senate President State: MT District: 01	State Zip Code MT 59624  ment For: 2014 Primary General Other (specify)	Category/ Type	Transaction ID : SB23.80605  Amount of Each Disbursement this Period
Full Name (Last, First, Middle Initial)  C. ZINKE FOR CONGRESS  Mailing Address PO BOX 1596  City HELENA Purpose of Disbursement Contribution  Candidate Name RYAN K ZINKE  Office Sought:  House Senate President  Disburser	State Zip Code MT 59624  ment For: 2014 Primary General Other (specify)	Category/ Type	Transaction ID: SB23.80605  Amount of Each Disbursement this Period  4000.00

### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

	9
X	10

18

18 OF

NAME OF COMMITTEE (In Full) HOUSE CONSERVATIVES FUND A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Compliance Consulting Huckaby Davis Lisker Inc. Mailing Address 228 S. Washington St., Ste. 115 City State Zip Code Alexandria 22314 Transaction ID: SD10.80573 Outstanding Balance Beginning This Period 4725.03 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4725.03 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Legal Fees Squire Patton Boggs Mailing Address 2550 M Street, NW City State Zip Code Washington DC 20037 Outstanding Balance Beginning This Period Transaction ID: SD10.80572 590.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 590.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 1) SUBTOTALS This Period This Page (optional)..... 0.00 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶